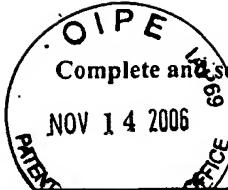


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

NOV 14 2006

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

1473 7590 10/10/2006

FISH & NEAVE IP GROUP
ROPES & GRAY LLP
 1251 AVENUE OF THE AMERICAS FL C3
 NEW YORK, NY 10020-1105

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/614,067 07/03/2003 Glen J. Leedy

TITLE OF INVENTION: THREE DIMENSIONAL STRUCTURE INTEGRATED CIRCUIT

ELM-2 DIV. 6 8117
11/16/2006 MBELETE2 00000016 061075 10614067
 01 FC:2501 700.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 45.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES \$700 \$300 \$0 \$1000 01/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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PERKINS, PAMELA E 2822 257-074000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Fish & Neave IP Group
1 of Ropes & Gray LLP**
 2 Robert W. Morris
 3 Jeffrey D. Mullen

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ELM TECHNOLOGY CORPORATION

SALINE, MI

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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Publication Fee (No small entity discount permitted)

Advance Order - # of Copies 15

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Order No. 001202-0132

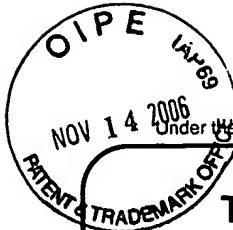
b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jeffrey D. MullenDate November 14, 2006Typed or printed name Jeffrey D. MullenRegistration No. 52,056

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/614,067 (Conf. No. 8117)
		Filing Date	July 3, 2003
		First Named Inventor	Glen J. Leedy
		Art Unit	2822
		Examiner Name	Pamela E. Perkins
Total Number of Pages in This Submission		Attorney Docket Number	ELM-2 Div. 6

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTOL-85 Part B – Fee(s) Transmittal (in duplicate); and Comments on Statement of Reasons for Allowance.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Director is hereby authorized to charge any fee(s) due under 37 CFR 1.16 or 1.17 to Deposit Account Number 06-1075, Order No. 001202-0132.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fish & Neave IP Group of Ropes & Gray LLP Customer No. 1473		
Signature			
Printed name	Jeffrey D. Mullen		
Date	November 14, 2006	Reg. No.	52,056

**CERTIFICATE OF MAILING UNDER 37 CFR 1.10
EXPRESS MAIL LABEL NO. EV669678844US**

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Signature			
Typed or printed name	Isatta B. Smith	Date	November 14, 2006

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